MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11017

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town McHenry, Md. Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ----

Stay in hospital or inst. (yrs., or mos., or days) ---

Stay in this community (yrs., or mos., or days) 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town McHenry Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near McHenry

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Baby Bowman

3. (b) Social Security Number ---

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife -----

6(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1939

8. AGE:

Years	Months	Days	If less than one day
---	---	---	6 hrs. ---- min.

9. Birthplace McHenry, Garrett Co., Md. (Town, county, and state)

10. Usual occupation ----

11. Industry or business -----

FATHER

12. Name Harland F. Bowman

13. Birthplace Red House, Garrett Co, Md.

MOTHER

14. Maiden name Helen Beckman

15. Birthplace Mt. D. Swanton, Garrett Co., Md.

16. Informant Harland F. Bowman

Address McHenry, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8, 1939 (month) (day) (year)

Cemetery or crematory North Glade Cemetery

Location 4 Miles West of Swanton, Md.

18. Funeral director Herbert C. Leighton

Address Oakland, Maryland

19. 11/8/39 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1939, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1939, to Nov. 7, 1939, and that I last saw h-- alive on Nov. 7, 1939.

Immediate cause of death	DURATION
Pulmonary Atelectasis	6 hrs.
Due to	
Due to	
Other conditions: Cyanosis Pallida. (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eugene Greenwald M. D. ~~or other~~

Address Friendsville, Md. Date signed 11-10-39

RECEIVED
DEC 5 1930
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T) B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

11018

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett

City or town Near Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Near Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Keeler Glade
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jefferson Burch

3. (b) Social Security Number none

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Marthy Burch

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 10 - 1876

8. AGE: Years 63 Months 7 Days 21 If less than one day hrs. min.

9. Birthplace Wva
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Thos Burch
13. Birthplace Wva

MOTHER
14. Maiden name Margaret Castel
15. Birthplace Wva

16. Informant Marthy Burch
Address Friendsville Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Nov 4 39 (month) (day) (year)

Cemetery or crematory Keeler Glade

Location Near Friendsville Md

18. Funeral director W. W. Savage
Address Friendsville Md

19. 11-3 1939 Jeannette Stotler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1939, at 10 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Nov 1 1939, and that I last saw him alive on Oct 29 1939.

Immediate cause of death Tuberculosis, pulmonary
Diabetes mellitus

DURATION
Some years
" "

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. D. Brown M.D.
M. D. or other

Address Friendsville, Md Date signed Nov 2/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11019

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Jennings (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Garrett

City or town Jennings (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley Ann Durst

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1939

8. AGE: Years | Months 4 | Days 15 | If less than one day hrs. min.

9. Birthplace Jennings Garrett Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Harvey Durst

FATHER 13. Birthplace Jennings Garrett Co

MOTHER 14. Maiden name Ethel Platter

MOTHER 15. Birthplace Billingsley Garrett Co

16. Informant Harvey Durst

Address Jennings

17. Burial Date thereof Nov 14 1939 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tom Billingsley Cemetery

Location Rural Jennings Md

18. Funeral director Wm Winebrenner

Address Grantsville Md

19. Dec 1 1939 (Date rec'd by registrar) C. H. Bill Ky Registrar

per mw C. H. Bill

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1939, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1939, to Nov 13 1939, and that I last saw her alive on Nov 12 1939

Immediate cause of death Suffocation — DURATION Nov 9 to 13

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D. M. D. or other

Address Grantsville Md Date signed Nov 13

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11020

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County GARRETT

City or town DEER PARK, MD.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Deer Park, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME IOLA FERGUSON.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm. H. Ferguson.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29th 1879.

8. AGE: Years	Months	Days	If less than one day
60	6	8	hrs. min.

9. Birthplace Friendsville, Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Andrew Friend.

13. Birthplace Friendsville, Md.

MOTHER 14. Maiden name Annie M. Lish.

15. Birthplace Friendsville. Md.

16. Informant Wm. H. Ferguson.

Address Deer Park, Md.

17. Burial Date thereof Nov. 9th, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Grove.

Location Near McHenry, Md.

18. Funeral director Emroy D. Bolden.

Address Oakland, Md.

19. Nov. 8 39 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939, 8:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 1939, to Nov 6 1939, and that I last saw h-- alive on Nov 6 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. S. Brandenburg M. D. or other

Address Oakland Md Date signed 11-7-39

RECEIVED
DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11021

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92-a)

County Garrett Registration Dist. No. 161

Village or City Silbys Fort No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dorsey Edgar Fike If U. S. Veteran, specify WAR No

(a) Residence: No. Sandspring St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearle Fike

6. DATE OF BIRTH (month, day, and year): Oct 3 - 1880

7. AGE: Years 69 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor on Farm

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Levi Fike

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Anna Bell Umbel

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Alvin Lytle Silbys Fort Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sandspring Date Nov 30, 1939

19. UNDERTAKER: H. H. Edwards

(Address) Friendsville, Md

20. FILED Nov 29, 1939 Jeannette Statler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1937 to November 27, 1939

I last saw h.im alive on November 27, 1939; death is said to have occurred on the date stated above, at 1:00 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Organic Disease of the Heart, Rheumatic	
Heart Valvular Disease	Unknown
Other Contributory Causes of importance:	
Cerebral Hemorrhage with complete right hemiplegia	About Nov 16, 1939

Name of operation: None Date of:

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert J. Ingham, M-D M. D.

(Address) Somerfield, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants and wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
DEC 4 1929
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-2

CERTIFICATE OF DEATH

11022

Reg. Dist. No. 16k

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Md. R. D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Oakland, R. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Randolph Helms Sr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Mary Whitehair

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 8, 1850

8. AGE: Years	Months	Days	If less than one day
89	2	22	hrs. min.

9. Birthplace: Preston County West Virginia
(Town, county, and state)

10. Usual occupation: Railroad Track Foreman

11. Industry or business: Raildoad

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Randolf Helmes Jr.
Address: Oakland, Md. R. D.

17. Burial, cremation, or removal. Which?: Burial Date thereof: Dec 3 1939 (month) (day) (year)

Cemetery or crematory: Lawnview

Location: Terra Alta, W Va

18. Funeral director: A. Finan

Address: Terra Alta W Va

19. 12-1-1939 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30, 1939 19 8:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27, 1939 19 to Nov. 30, 1939, and that I last saw him alive on Nov. 27, 1939 19

Immediate cause of death	DURATION
Cerebral Embolism	3 dys
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: N. L. Boardwine M. D. or other

Address: Oakland Md Date signed: 12/1/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(194-a)

11023

Reg. Dist. No. 172

1. PLACE OF DEATH:

County: Garrett

City or town: Vindex
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Vindex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sylvia Jene Knox

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 20, 1936

8. AGE: Years: 3 Months: 3 Days: 28 If less than one day hrs. min.

9. Birthplace: Vindex Garrett Co Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Dorsey Knox
13. Birthplace: Salisbury, Penna

MOTHER
14. Maiden name: Viola Townsend
15. Birthplace: Fairchance, Penna.

16. Informant: Dorsey Knox
Address: Vindex, Md.

17. (Burial, cremation, or removal, Which?) Date thereof: Nov 19 1939 (month) (day) (year)

Cemetery or crematory: Hurry Cemetery

Location: Near Vindex Md

16. Funeral director: D. S. Boal

Address: Westernport Md

19. Nov 18 1939 (Date rec'd by registrar) E. C. Bray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17, 1939 19 6:45P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ------ 19 , to ----- 19 , and that I last saw her alive on -------- 19 .

Immediate cause of death: Suffocation Due to bean in Trachea — DURATION: Few minute

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 11/17/39

Where did injury occur? Vindex, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury Injured at work?

23. SIGNATURE: N. I. Broadwater M.D.
N. I. Broadwater, M.D. M.D. or other
Deputy Medical Examiner
Address: Oakland, Md. Date signed 11/17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

11024

Reg. Diat. No. 161

Garrett Co

1. PLACE OF DEATH:

County Selbysport Md

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all her life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Selbysport Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Fay Lytle

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) June 14, 1939

8. AGE:

Years	Months	Days	If less than one day
	4	24	hrs. min.

9. Birthplace Selbysport Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Avery Lytle

13. Birthplace Md

MOTHER 14. Maiden name Lela Tekey

15. Birthplace Maryland

16. Informant Alvie Lytle

Address Selbysport Md

17. (Burial, cremation, or removal. Which?) Date thereof 11/10/39 (month) (day) (year)

Cemetery or crematory Friendsville

Location Friendsville

18. Funeral director H. H. Savage

Address Friendsville

19. Nov 9 1939 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1939, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1939, to Nov 8 1939, and that I last saw her alive on Nov 8 1939.

Immediate cause of death Enteritis — DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. D. Brown M.D. M. D. or other

Address Friendsville Md Date signed Nov 9, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55)

CERTIFICATE OF DEATH

11025

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County GARRETT

City or town OAKLAND, MD.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) LIFE TIME

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County GARRETT

City or town OAKLAND, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MARY BLANCH MARKLEY

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife John Wesley Markley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th 1877

8. AGE: Years	Months	Days	If less than one day
62	5	28	hrs. min.

9. Birthplace Garrett County
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Taylor Sines.

13. Birthplace Garrett County

MOTHER 14. Maiden name Sarah Catherine Lewis.

15. Birthplace Garrett County

16. Informant Elwood Arthur Markley

Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30th 1939 (month) (day) (year)

Cemetery or crematory Taylor Sines Cemetery

Location Sines, Md.

18. Funeral director Emroy D. Bolden.

Address Oakland, Md.

19. Nov. 30. 1939 (Date rec'd by registrar) Julius Rowan Registrar

MEDICAL CERTIFICATION

P.M

20. DATE OF DEATH November 28th 1939, at 3:0 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939 to Nov 28 1939, and that I last saw h[illegible] alive on Nov 28 1939.

DURATION

Immediate cause of death Carcinoma of Left Breast — 3 yrs

Due to Rupture Septicemia — 2 weeks

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. Hunebaugh M. D. or other

Address Oakland Md Date signed Nov 29

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

11026

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Garrett

City or town Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Friendsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clara Catherine Weil

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife August P. Weil

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 26, 1881

8. AGE:	Years	Months	Days	If less than one day
58	1881	Mch. 8	26 4	hrs. min.

9. Birthplace Accident Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name Adam Snyder

13. Birthplace Accident Md.

MOTHER 14. Maiden name Elizabeth Weller

15. Birthplace Accident Md

16. Informant A. P. Weil

Address Friendsville Md

17. (Burial, cremation, or removal. Which?) Date thereof 12-3-1939 (month) (day) (year)

Cemetery or crematory Cemetery

Location Accident Md

18. Funeral director Wm. Winterberg

Address Grantsville Md

19. 12-3-39 19 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1939, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1, 1939, to Nov. 30, 1939, and that I last saw her alive on Nov. 30, 1939.

Immediate cause of death Recurrent Carcinoma of Spine and Lung.

Due to

Due to Carcinoma L. Breast removed Aug 1938

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION 4 Mo.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. P. O. Snyder M. D. or other

Address Cumberland Md Date signed 12-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore (93-C)

11027

CERTIFICATE OF DEATH

Reg. Dist. No. 16-2

1. PLACE OF DEATH:
County Garrett
City or town Grantsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 Month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Dillinger Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence E Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine Miller
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 22 - 1880

8. AGE: Years	Months	Days	If less than one day
59	4	19	hrs. min.

9. Birthplace Grantsville Rural-Garrett Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Christian P Miller
13. Birthplace Grantsville Rural
MOTHER 14. Maiden name Carline H Miller
15. Birthplace Grantsville Rural
16. Informant Catherine Miller
Address Grantsville
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-1939 (month) (day) (year)
Cemetery or crematory Cemetary
Location Grantsville Md
18. Funeral director Wm Winterberg
Address Grantsville
19. Nov. 1 1939 (Date rec'd by registrar) C. H. Bill Reg. Per mc C.H.Bill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1939, at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939, to Nov 15 1939 and that I last saw h- alive on Nov 14 1939.

Immediate cause of death	DURATION
(a) Coronary Occlusion	1 year
Due to (b) Arteriosclerosis	
Due to (c)	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. R. Dennis M.D. M. D. or other
Address Grantsville Md Date signed Nov 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11028

46B

CERTIFICATE OF DEATH

Reg. Dist. No. 17A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Bittinger - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Garrett

City or town Bittinger Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucinda Oster

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Andrew J. Oster

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February 23 - 1863

8. AGE:

Years	Months	Days	If less than one day
76	8	22	____ hrs. ____ min.

9. Birthplace Near Bittinger Garrett Md
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Samuel J. Brennaman
13. Birthplace Garrett Co Md

MOTHER
14. Maiden name Mary Otto
15. Birthplace New Germany Garrett Co

16. Informant Mrs Denis Brennaman

Address Bittinger Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11-39 (month) (day) (year)

Cemetery or crematory Bittinger Cemetary

Location Bittinger Md

18. Funeral director Wm Wenterberg

Address Grantsville Md

19. Nov. 10 1939 (Date rec'd by registrar) J. B. Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Nov 9 1939 and that I last saw h e alive on Nov 8 1939.

Immediate cause of death	DURATION
Carcinoma of Stomach	1 year
Fatal Liver	
Due to	
Primary carcinoma of stomach. C.W.S.R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. R. Davis M. D.
M. D. or other

Address Grantsville Md Date signed Nov 10

RECEIVED
DEC 2 1929
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (120)

CERTIFICATE OF DEATH

11029

Reg. Dist. No. 167

1. PLACE OF DEATH:
County: Garrett
City or town: Gormania, W. Va. R. D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County: Garrett
City or town: Gormania, W. Va. R. D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Helen May Simmons

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 10, 1937

8. AGE: Years: 2 Months: 7 Days: 17 If less than one day: hrs. min.

9. Birthplace: Garrett County Near Kempton, W. Va.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Walter M. Simmons
13. Birthplace: Garrett County Md. Near Kempton, W. Va.

MOTHER
14. Maiden name: Daisy M. Blizzard
15. Birthplace: Gormania, W. Va. R.D. Maryland

16. Informant: Mrs. Daisy M. Simmons
Address: Gormania, W. Va. R. D.

17. Burial. Date thereof: Nov 29-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Fairview Cemetery.
Location: Fairview.

18. Funeral director: Emroy Boldin
Address: Oakland Md

19. November 29 1939 Virginia M. Harvey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 27, 1939, at 6.15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ------ 19 ---, to ------ 19 ---, and that I last saw her alive on ------ 19 ---.

Immediate cause of death: Acute Enteritis — DURATION: 24 hrs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: N. I. Broadwater M.D.
Deputy Medical Examiner
M. D. or other
Address: Oakland, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 19
BUR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2

11030

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sines.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Infant

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November, 13, 1939

8. AGE: Years | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Oakland Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Perry H. Sines

FATHER 13. Birthplace Nr. Sines, Garrett Co. Md.

MOTHER 14. Maiden name Mary Catherine Sines

MOTHER 15. Birthplace Oakland. Md.

16. Informant Perry H. Sines

Address Oakland. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15. 1939 (month) (day) (year)

Cemetery or crematory Taylor Sines Cemetery

Location Sines. Maryland.

18. Funeral director Emroy Bolden

Address Oakland. Md.

19. Nov. 14, 19 39 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1939 19____, at____M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13, 19 39, to Nov. 13 19 39, and that I last saw h alive on 19

Immediate cause of death Premature infant. Cause of prematurity Toxemia of

Due to Pregnancy.

Born dead

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Irving Baumgartner M.D.
M. D. or other

Address Oakland Md Date signed 11/14/39

aklan

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

11031

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GARRETT

City or town OAKLAND, MARYLAND.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All his life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett.

City or town Oakland, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Civil War 4 years

3. (a) FULL NAME JOHN SINES.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Matilda Sines.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7th, 1844.

8. AGE:

Years	Months	Days	If less than one day
95	5	3	hrs. min.

9. Birthplace Sang Run, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name William Sines.

13. Birthplace Cranesville, W. Va.

MOTHER 14. Maiden name Eliza Johnson,

15. Birthplace Allegheny, County.

16. Informant A. L. Sines.

Address Oakland, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 12/39 (month) (day) (year)

Cemetery or crematory Sines Cemetery

Location Sines, md.

18. Funeral director Emroy D. Bolden.

Address Oakland, Maryland

19. Nov. 11. 1939 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10th 1939, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to Nov. 10 1939, and that I last saw him alive on Oct 10 1939

Immediate cause of death	DURATION
Cancerous of Stomach	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Beachamp
M. D. or other

Address Oakland Md Date signed 11/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 5 1939
MAIL V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (146)

CERTIFICATE OF DEATH

11032

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County GARRETT

City or town Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life time.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Catherine Sines.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Perry H. Sines.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18th, 1902

8. AGE: Years	Months	Days	If less than one day
37	3	25	hrs. min.

9. Birthplace Garrett County.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Wm. A. Ream.

13. Birthplace Oakland, Md.

MOTHER 14. Maiden name Elsie E. Sines.

15. Birthplace Garrett County.

16. Informant Perry H. Sines.

Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15th/39 (month) (day) (year)

Cemetery or crematory Taylor Sines Cemetery

Location Sines, Md.

18. Funeral director Emroy D. Bolden.

Address Oakland, Md.

19. Nov. 14. 1939 (Date rec'd by registrar) Jules Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13th, 1939, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4, 1939, to Nov. 13, 1939, and that I last saw her alive on Nov. 13, 1939

Immediate cause of death	DURATION
Toxemia of Pregnancy	7 mo.
(a) Hypertension	
Due to (b) Acute Nephritis	
Due to Pregnancy	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Irving Baumgartner M.D.
M. D. or other

Address Oakland, Maryland Date signed 11/14/39

RECEIVED
DEC 5 1939
BUREAU V. S.